

Tax Verification Documentation For CACFP Application/Agreements

Name of Sponsor: _____ Agreement Number _____

IRS 941 ____ Quarter (Indicate Months of Quarter Below)	Check #/Money Order/EFT	Date Paid	Amount Paid	Source Documentation (check image, bank statements, cancelled checks (front and back))
Month 1 _____				
Month 2 _____				
Month 3 _____				
TOTAL for Quarter				

K-1 KY Withholding	Check #/ Money Order/EFT	Date Paid	Amount Paid	Source Documentation (check image, bank statements, cancelled checks (front and back))
Month 1 _____				
Month 2 _____				
Month 3 _____				
TOTAL for Quarter				

UI-3 KY Unemployment	Check#/ Money Order/EFT	Date Paid	Amount Paid	Source Documentation (check image, bank statements, cancelled checks (front and back))
City Taxes	Check#/ Money Order/EFT	Date Paid	Amount Paid	Source Documentation (check image, bank statements, cancelled checks (front and back))
Month 1 _____				
Month 2 _____				
Month 3 _____				

City Taxes TOTAL for Quarter				
County Taxes	Check#/ Money Order/EFT	Date Paid	Amount Paid	Source Documentation (check image, bank statements, cancelled checks (front and back)
Month 1 _____				
Month 2 _____				
Month 3 _____				
TOTAL for Quarter				

IRS Form 990 (Non-Profit Only) You must submit the most recent year filed.

Has the 990 been filed with the IRS? Yes _____ No _____

If **“NO”**, has the sponsor filed an extension? Yes _____ No _____ When does the extension expire? _____